								ns and *Privacy n Reverse Side				Page 1 of 1 Pages			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					TMENT			
Sandra Perez												DMHC INDEX NUMBER			
POSITION CB/ID No. Director							Office of the Patient Advocate						INDEX NO	NOEK	
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
20								980 9th Street, Suite 500				(916) 324-			
CITY STATE ZIP CODE								СІТУ				STATE ZIP CODE			
								Sacramento				CA 95814			
(1) NORMAL WORK HOURS 0800-1700								(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED 0.550			
(4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9) (10)			TRANSPORTAT				(12)	
Feb 2009		LOCATION WHERE EXPENSES			O.T., L			(A)	(B)	(C)	(D)		1	TOTAL	
)		- WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELC	D. INCIDEN-		TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY	
ATE	TIME					DINNE	?			PARKING	MILES	AMOUNT			
11	0700 0530	Sacramento to Emeryville to Sacramento						23.00	R			0.00		23.00	
Į												0.00		0.00	
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)	;	SUBTOTALS	0.00	0.00	0.00	0.0	00.00	23.00		0.00	0.00	0.00	0.00	23.00	
CO	UMN	CODE (ACCTG. USE ONLY)	8			CHE DE	ध्य स्थित विदेश		188	F	칼라카리	STANCE			
	(CLAIM TOTAL												\$23.00	
I) PU	RPOSE C	OF TRIP, REMARKS AND DETAILS (At	tach receipts/v	ouchers when	required)						F NG	SENCY AC	COUNTING	OFFICE	
•		PA Consumer Engagemen	-			o @ 110	CB						E ONLY	OFFICE	
		el to Sacramento by carpo			.	5					PAID B	Y REVOLVIN	IG FUND CHE	CK NUMBE	
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											l				
15)	I HERES	BY CERTIFY That the above is a true : nd if mileage rates exceed the minimum	statement of th	e travel expe	nses incurred	l by me in	accordance wi	th DPA rules	in the se	rvice of the State	of Califor	nia. If a priva	ately owned ve	ehicle was	
	SAM Se	ctions 0750, 0751, 0752, 0753 and 075	4 pertaining to	vehicle safety	and seat bel	t usage.									
AIM	NTS SI	SNATURE		DATE)	1	(16)	SIGNATURE C	OF OFFICER	APPROV	ING TRAVEL AND	PAYME	NT D.	ATE		
AIM	NTS SI	SNATURE /		BATE 3	27/09	(16)	SIGNATURE C	F OFFICER	APPROV	ING TRAVEL AND	PAYME	NT D	ATE		